Amphibious Group TWO

INTERDEPLOYMENT
TRAINING CYCLE

MEDICAL READINESS

Optimizing health care capability in order to deliver quality “standard of care” services in an operational environment

Dependent upon the mission……..

OPNAVINST 3501.1 Series

- **ROC & POE**
  - **Required Operational Capability**
  - **Projected Operational Environment**

OPNAVINST 3501

- Medical Admin Program
- Training
- Augmentation FST/MMART/M+1
- Blood Banking
- Medical Regulating / Transfer / Eval of patient
- Morgue
- Preventive Medicine/Wellness
- Sick Call
- Emergency Medical Rx
- Diagnostic Services
- Surgical Services
- Pharmaceutical Services
- Physical Therapy

Standards for Medical Readiness

CINCLANTFLTINST 6000.1

Medical Readiness Assessment (formerly MRE)

COMNAVSURLFANTINST

COMPHIBGRUTWOINST

Health Care Quality Improvement Program

CPG-2 INST 6000.1 B

Amphibious Ready Group Assessment and Certification

CPG-2 INST 3501.1B

Timeline

MRA 90 days prior to departure (C-90)
Assist Visit (90-120)

Intermediate/ Advanced Criteria
PMINT/ MEUEX/ JTFEX/CERTEX
Training Objectives/Evaluations

POM 30 days prior to deployment
FST Embarks at TCAT
M+1 TCAT / PMINT

Shipyard Availability

- Time set aside after the 6 month deployment for major ship repairs.
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- Ship’s crew involved in training and monitoring shipyard work.

LOA- Light Off Assessment

- Assessment of ship's ability to light off its boilers, usually completed at the end of shipyard availability.
- Medical: Heat and Hearing programs are evaluated for effectiveness
  - members in hearing conservation program identified
  - audiograms are current (within 1 year),
  - heat surveys conducted according to ship's instruction.

CART- Command Assessment Readiness Training

- Evaluates training teams and effectiveness CSTT, DCTT, ATT, STT, ETT, MTT
- Medical:
  - MTT established/ trains ship's crew on basic first aid and performance on treating GITMO wounds, ie.- sucking chest wound, amputation, electrical shock, etc.

TSTA-Type Ship Training Availability

- Continued evaluation of training teams and starting to integrate training into one scenario. Example: main space fire with small boat attack.
- Medical: Working with other departments to integrate medical training into real world scenarios.

FEP- Final Evaluation Period

- Final evaluation of training teams and their integration of training scenarios into one event. Objective is to have all the training teams working together to accomplish the mission.
- Medical: Integrating MTT into real world scenarios ie.- mass casualty after a helo crash.

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TCAT- Type Commanders Amphibious Training

- Training for amphibious operations
  - moving Marines from the ship to the beach via LCUs or LCACs.
  - Phibron embarks
- Medical: Continues to integrate medical training into real world situations.
  - FST embarks/ evaluation of OR
  - Establishment of Surgical Capability
  - Begin integration with ships staff

PMINT

- PHIBRON MEU Integration Training
- Marine Command Elements first Embark
- N + G Shops
- Flag Plot/ LFOC/ TACC/ HDC
- First Meeting of Marine, FST, Ships Medical Elements
  - SMO, CATF Surgeon, CLF Surgeon
- CPG-2 INST 3501.1b

MEUEX

- Marine Expeditionary Unit Exercises
- SGOT Driven…….Mass Casualty/ Neo
  - Landing Force Exercises
  - Special Missions (SOC)
- Integration at all levels

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Medical Readiness Assessment

- **A. Administration and Training**
- **B. Supplies & Equipment**
- **C. Emergency Medical Preparedness**
- **D. Ancillary Services**
- **Lab and Blood Bank**
- **E. Environmental Health Services**

Administration and Training

- Organizational Manual
- Mass Casualty, NEO, Battle Bill
- Medical Department Journal – Inspections, Special Evolutions Training (PQS, BCLS, ACLS, IDC…
- Sick Call Log
- Professional Books, Publications, Instructions, Directives
- Health Records Properly Maintained
- Monthly Morbidity Report
- Radiation Health Program
- Medical Waste
- Medical Spaces
- Tickler System – Reports, Immunizations, Consults, PE, Medications

Supplies and Equipment

- AMMAL, 90-100% (Copies in Department, Last Inventory, SAMS)
- OPTAR (records and receipts)
- Medical Equipment Maintenance and Repair Program
- Controlled Medicinals Program
- CBR Materials
- Antimalarials
- Post HIV Exposure Chemoprophylaxis
- Anthrax Immunization Supplies
- Civilian Evacuation Materials
- Mortuary Transfer Cases
- SAC 207

Emergency Medical Preparedness

Emergency Response Kit...
Mass Casualty Supplies
Battle Dressing Station (equipment secured, labeled,
and inventoried)
Emergency Potable Water System
Decontamination Locker
Antidote Locker
First Aid Kits, General Purpose
Required Number of Stretchers and Litters
Oxygen Cylinder (upkeep, storage, maintenance)

Controlled Medications Program

Bulk Custodian, Working Stock Custodian, Controlled
Substance Inventory Board Member

Proper Administrative Methods are In Effect (receipts,
etc.)

Inventory of Narcotics and Controlled Drugs is accurate

Ancillary Services

Laboratory ..... Lab Assessment
CLIP/CLEA

Blood Bank..... Blood Bank Assessment

X-Ray .....Radiation Health Program

Pharmacy Services....Logbook,

Ward/ ICU.....Admission Criteria/ Chest Pain
Protocols, Conscious
Sedation Protocols, etc
OR .....

Ancillary Services

- Laboratory
  - AMMAL CORE
  - REFER TEMPS
  - SOPS CURRENT

Ancillary Services

- Blood Bank
  - SOP CURRENT
  - REQUIRED BLOOD PRODUCTS ONBOARD
  - WALKING BLOOD BANK PROGRAM

Ancillary Services

- X-RAY
  - SOP CURRENT
  - PATIENT LOGS
  - FILMS SENT FOR RADIOLOGIST
  - PERFORMANCE TEST CURRENT
  - DOSIMETRY PROGRAM IN PLACE

Ancillary Services

- PHARMACY
  - SOP CURRENT
  - ADEQUATE STOCK ROTATION
  - PRESCRIPTIONS IN ACCORDANCE WITH MANMED CHAPTER 21
  - SPACES SECURED

Ancillary Services

- WARD/ ICU
  - DIETARY AND LINEN PROVISIONS
  - INFECTION CONTROL
    - STD PRECAUTIONS, ISOLATION PLAN
  - PATIENT ADMIN
    - ADMISSION CRITERIA, PT TRACKING
    - RESTRAINT POLICY
    - DRUG ADMINISTRATION PROTOCOLS
  - EQUIPMENT
    - ACLS/EMERGENCY DRUGS
    - SUCTION AND O2
    - MECHANICAL VENTILATORS

Ancillary Services

- OR
  - STERILITY OF SUPPLIES
  - PT ADMIN/ IDENTIFICATION
  - PATH PROCEDURES AND PROTOCOLS
  - CONSCIOUS SEDATION
  - EQUIPMENT AND SUPPLIES

Dental

Dental Emergency Kit (material inventoried quarterly)

MDR familiar with #1

Dental Readiness 80% (Class 1, annual exam only,
through Class 4, needs work)

20 Record Review against SAMS database

Preventive Health and Wellness Programs

- Food Safety Program
  - formal periodic inspections (2X/mo)
- Quarterly Habitat Report
  - berthing and hd facilities(daily walk through)
  - barber shops
  - laundry
  - fitness/ exercise facilities
- Medical Waste
  - proper disposal procedures
  - current instructions
  - waste log

Preventive Health and Wellness Program

- Pest Control Surveys (once a month)
  - Pest Control Supplies/Equipment (pesticides properly stored
  - Pest Control Log
- Potable Water Sanitation
  - Daily Bromine/Chloride Residual Testing
  - Bacteriological testing
  - Log maintained

Preventive Health and Wellness Program

- Medical Surveillance
  - TB Control Program
  - STD Program
  - Medical Event Reporting
  - other surveillance programs

Preventive Health and Wellness Program

- Health Maintenance
  - Typhoid HIV
  - Tetanus PE up to date
  - Yellow Fever PAP
  - Influenza Audiograms
  - Hepatitis A DNA Testing
  - MMR Blood Type
  - Anthrax PPD……

Grading Criteria

C-1, Fully Ready, > 90%

C-2, Substantially Ready, > 80%

C-3, Marginally Ready, >65%

C-4, Not Ready, < 65%

MRA

Senior Inspector:	Group Surgeon
Assistant Inspectors	Assistant Group Surgeon
	CRNA
	GMO
	HMCM #2
	HMC
	FST OIC
	Lab Rep (NMCP)
	Blood Bank Rep (NMCP)

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Communication – CATF

Annex Q / Concept of Operations (ConOps)

-Real world health care availability

-Points of contact

-Coordinated requirements

-Reporting systems

- Consolidated Medical Joining Report (ARG Medical Department Capabilities)
- Blood Program – Blood Support Unit (BSU) for AOA (Amphibious Ops Area)

Medical Personnel Augmentation Requirements

Augmentation Request / Justification

Regular MMART/M+1 Manning

Medical Intelligence

FLEET AOA (FLEET Surgeon)

AFMIC (Armed Forces Medical Intel)

DOWW (Disease Occurrence WW)

EPMU (Envir Preventive Medical Unit)

Mass Casualty

Triage (NATO system)

Surgical Care

Inpatient Care, ICU/ Ward

Administrative Tasks
- Reports
- Tracking and
- Movement of casualties

Medical Regulating

Med Reg Net

To & From Afloat Assets

HDC & TAC Coordination

Status Board

Organize and control flow of casualties

Intra-/Inter- theater evacuation (properly track patients)

Support Staff

Health care issues

Sanitation problems

Medical readiness

Peace Operations – Medical Capabilities/Supplies

Disaster relief – liaison with US embassy

Humanitarian assistance – delivery of relief supplies

Noncombatant Evacuation Operations

Evacuation bill

Whole or split ARG

ARG Quality Improvement Program

- Record review (Outpatient)
- Inpatient/Surgical review
- Nursing review
- PARS
- Monthly QA Meetings
- Occurrence Screens

Full Spectrum Ambulatory Health Care

Sick Call – Routine
Acute
Emergent

Demonstrate OR Capabilities (FST embarked)

ORs are operational

Anesthesia support

Equipment/supplies

Mortuary Affairs Management

Report, record, verify, and process casualty information

Provide necessary care and disposition of deceased

CATF Surgeon – establish good working relationship

- Frequent meetings with medical staff
- FST / Ship's company / MRCO
- SMO (3) / visitor / email
- Good rapport with G & S shops (Intel, Ops, Logistics,
  Air Support)
- HDC / TAC
- Keep Commodore informed through CSO/COS
- *Communicate Communicate Communicate*
- Proactive / Anticipate / Be Prepared

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QUESTIONS ?????

- **Basic Workup Cycle** **Advanced Workup Cycle**
- **_____|_____POM____!**
- **| | | | | | | | |**
- **12 MO | CART | TCAT 6 MO | MEUEX | Deployment**
- **TESTA1 FEP PMINT JTFEX**